MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5408

-61-022693
STATE FILE NUMBER

FILED JUN 16 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ill. b. COUNTY: Montgomery
c. CITY OR TOWN: Walshville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): none — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First RAYMOND Middle LLOYD Last HIGGINS

4. DATE OF DEATH: Month June Day 8, Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-14-33
9. AGE (last birthday): 28 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Filling Station
11. BIRTHPLACE (City and state or country): Montgomery County, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Lawrence Higgins
13b. MOTHER'S MAIDEN NAME: Lillian Whitman
14. NAME OF HUSBAND OR WIFE: Nora Belle Higgins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.: Not Available
17. INFORMANT: Mrs. Nora Belle Higgins, Address: Walshville, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Brain Abscess — INTERVAL BETWEEN ONSET AND DEATH: 2 mos ±
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Empyema — Lung? infection — 6-mos ±
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 518x

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 6/1/61, to 6/7/61 and last saw her/him alive on 6/7/61
Death occurred at ± 12 Am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. V. Smolin, MD
22b. ADDRESS: 100 N. Euclid, St. Louis 8, Mo.
22c. DATE SIGNED: 6-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-10-61
23c. NAME OF CEMETERY OR CREMATORY: Sunnyside Cemetery
23d. LOCATION (City, town, or county) (State): Sorento, Ill.

24. FUNERAL DIRECTOR — ADDRESS: John J. Kassly, East St. Louis, Ill.
25. DATE RECD. BY LOCAL REG.: JUN 9 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Not Embalmed, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph J. Kassly

Licensed Embalmer No. 7541

P. O. Address E. St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.